## BEST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

L		E	Effective [	December	8, 20	04			į	10	/55 2	2486
CLAIMS AS FILED - PART I (Column 1) (Column 2)							•	SMALL EN	TITY	OR	OTHE	R THAN ENTITY
U.	S. NATIONA	L STAGE FEES				<u> </u>	7	RATE	FEE	7	RATE	<del></del>
ВА	SIC FEE		SMALL	SMALL ENT. = \$ 150		GE ENT. = \$ 300	1	BASIC FEE	<del>                                      </del>	$\frac{1}{2}$	BASIC FEE	FEE
EXAMINATION FEE				Satisfies PCT Article 33(1)- (4) = \$50 / \$100		other situations =		EXAM. FEE	<del> </del>	-		300
SEARCH FEE .			U.S. is ISA ALL other	U.S. is ISA = \$50 / \$100 ALL other countries = \$200 / \$400		\$ 100 / \$ 200  All other situations = \$ 250 / \$ 500		SEARCH FEE	<u> </u>	1	EXAM. FEE SEARCH FEE	260 400
FEE FOR EXTRA SPEC. PGS.				minus 100 =		/ 50 ≐		X \$ 125 =	<u> </u>	┨	ļ	400
TOTAL CHARGEABLE CLAIMS			20	₹ minus 20 = 1		/0		X \$ 25 =	<u> </u>	1	X \$ 250 =	
INDEPENDENT CLAIMS			1	minus 3 =		10				OR	X \$ 50 =	500
MULTIPLE DEPENDENT CLAIM PRE			LL RESENT		*			X \$ 100 =		OR	X \$ 200 =	ļ
_		ce in column 1 is		zero ontor "O	H in a	<u> </u>		+ \$ 180 =	,	OR	+ \$ 360 =	360
			, icos triari 2	zero, enter o	in co	olumn 2		TOTAL		OR.	TOTAL	17/00
	CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST						•	SMALL E	NTITY	OR _	OTHER SMALL E	
AMENDMENTA	·	REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
	Independent	•	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRE	SENTATION OF N	MULTIPLE D	EPENDENT C	AIM			+ \$ 180 =	··	OR	+ \$ 360 =	
<i>+</i>								OTAL ADDIT. FEE		OR L	TOTAL ADDIT. FEE	
		(Column 1)		(Column	ı 2)	(Column 3)					•	
┇┠		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ST R SLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE	ſ	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		±		X \$ 25 =		OR	X \$ 50 =	
	Independent	*	Minus	***		= ^		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+ \$ 180 =		-	+ \$ 360 =	
		· · · · · · · · ·			•	<del></del>		OTAL ADDIT. FEE			OTAL ADDIT. FEE	
									•		_	

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.